

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS      | ID NO.        | DATE                             |
|---------------------------|---------------|---------------|----------------------------------|
| FEE DETERMINATION         |               |               |                                  |
| O.I.P.E. CLASSIFIER       |               |               |                                  |
| FORMALITY REVIEW          | <i>Detale</i> | <i>TC 826</i> | <i>6-2800</i><br><i>08/08/00</i> |
| RESPONSE FORMALITY REVIEW | <i>Detale</i> | <i>TC 826</i> | <i>11/15/00</i>                  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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